File with:

Des Moines, Iowa 50319 Fax: 515-281-4073

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form

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2010 OCT 11 PM 3: 45

COMMITTEE NAME (Must be same as on Statement of Organi	zation)		
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candida Subdivision Candidate (8) County PAC (9) City PAC (10) School Bol 11) Local Ballot Issue	State PAC (3) State Party	(Rev	R-2 DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:			m.#
Candidate Name	Political Party (if applicable) District (if Senate or House)	Scan Com	ed in ned puter
Supernon Next &		_	
Late reports are subject to possible civil and criminal penalties. Pursu candidate's confinitee, and the chairperson, for any other type of con	ant to lowa Code sections 688.32A	(7) and 68A.4	01(3), the candidate, for a
SIGNATURE OF PERSON FILING REPORT	4fice 6 41- 182.2 641-212-1776 TELEPHONE		Of 11-2010 DATE SIGNED
IAM FILING A CAT 15-2010			
	REPORT FOR (1) ELECTION		ECTION YEAR.
(report date)	Indicate by	# LJ	
CHECK IF AMENDMENT TO REPORT DATED		_	ees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of C (You must continue to file reports until a DR-3 is filed.)	issolution Form DR-3.	which Election	W 2-26/0 il Committees, enter County in is held M. in
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first	h on hand at the end	s	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD		•	_
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)		0
Schedule F: Loans Received total (Attach Schedule F)	***************************************		0
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)	************	
(Schedule H applies to Candidates' Commit	tees Only)		
	SUB-TOTAL	\$	<i>O</i>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			_
Schedule B: Expenditures total (Attach Schedule B) (***	also see debts and loans below).		
Schedule F: Loan Repayments total (Attach Schedule	F)		
CASH ON HAND at the end of this reporting period (if final report	balance must be zero)	\$	0
**UNPAID BILLS (From Schedule D - Attach Schedule D)		S	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedul		•	0
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	•	•	0
CONSULTANT BREAKDOWN (Schedule G Attached?)	,		YESNO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schadula H\	s	- (2 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

COMMITTE	EMPANE (Must be same as on Statement of Organiza	Elle L	Reset Form	CHECK	IN-KIND CONTRIBUTIONS ITHIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE " (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
	July 15-2010			\$	

(MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
	July 15-2010			S	
(
Oct	12-2016				
	ne Irecinda	t Jagn	+ 4750	nur	
he	ne I received a	in m	my.	K Q	
	o not intend				
			SUB-TOTAL	0	
			TOTAL (If last page of this	\$	
			schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of to Schedule F)